

DIVISION of SUBSTANCE ABUSE SERVICES

Tuberculosis Control Guidelines for Alcohol and Drug Abuse Treatment Programs

1. Purpose:

This policy provides guidance and instruction to identify and prevent tuberculosis (TB) disease and latent TB infection (TBI) among employees, volunteers, and service recipients in alcohol and drug (A&D) treatment programs.

2. Requirements:

- 2.1 Testing and medical evaluation to determine the presence or absence of active TB disease or TBI in employees and volunteers of alcohol and drug treatment programs and recipients of alcohol and drug treatment services must conform to current guidelines of the Tuberculosis Elimination Program of the Tennessee Department of Health.
- 2.2 Alcohol and drug treatment facilities must provide baseline screening of all new employees and new volunteers for symptoms of active TB disease and appropriate testing for TBI prior to employment or provision of volunteer services.
- 2.3 Alcohol and drug treatment facilities must ensure that all employees and volunteers who provide direct care services are screened annually for symptoms of active TB disease and appropriately tested for TBI.
- 2.4 Alcohol and drug treatment facilities must counsel all employees and volunteers annually regarding the symptoms and signs of active TB disease.
- 2.5 Any alcohol or drug treatment program employee or volunteer with symptoms suggestive of active TB disease must be referred immediately for appropriate medical evaluation and cleared by a licensed medical provider prior to return to work in the facility or provision of direct care services.
- 2.6 Any alcohol or drug treatment program employee or volunteer reported by a health care provider to the health department as having suspected or confirmed active TB disease must be excluded from the facility and provision of direct care services until the employee or volunteer is determined to be non-infectious by the Medical Director of the TB Elimination Program, Tennessee Department of Health.

Tuberculosis Control Guidelines
Page 2

- 2.7 All alcohol and drug treatment facilities must screen all prospective service recipients for symptoms suggestive of active TB disease prior to each admission for alcohol and drug treatment services.
- 2.8 Prospective service recipients presenting with symptoms suggestive of active TB disease must be referred immediately for appropriate medical evaluation and cleared by a licensed medical provider prior to admission for alcohol and drug treatment services.
- 2.9 Any service recipient reported by a health care provider to the health department as having suspected or confirmed active TB disease must be excluded from services until the service recipient is determined to be non-infectious by the Medical Director of the TB Elimination Program, Tennessee Department of Health.
- 2.10 Prospective recipients of all alcohol and drug treatment services who present without symptoms of active TB, and have no documentation of a previously positive TB test and have no documentation of testing for TBI within the past six (6) months must be appropriately tested for TBI within five (5) business days of initiation of alcohol and drug treatment services. The exception for testing is ASAM Levels 1, 2.1 and 2.5 (Outpatient); however, everyone must be screened for symptoms of active TB disease.
- 2.11 Alcohol and drug treatment facilities must counsel all service recipients about the symptoms and signs of active TB disease during each admission for alcohol and drug treatment services.
- 2.12 All alcohol and drug treatment facilities must provide case management activities to ensure that employees, volunteers, and service recipients diagnosed with TBI receive appropriate medical evaluation, counseling about the risk of TBI progressing to active TB disease, and TBI treatment if such treatment is recommended to and accepted by the employee, volunteer, or service recipient.
- 2.13 Testing for TBI may be done on-site or by referral to a licensed medical provider.
- 2.14 All TB screening and testing records of employees, volunteers, and service recipients are considered personal medical information protected by HIPAA and must be archived accordingly.

3. **Procedure/Responsibility:**

General Procedures:

- 3.1 The Division of Substance Abuse Services must offer training on administration of the “TB Symptom Screening Tool” at least annually.
- 3.2 Only trained alcohol and drug treatment personnel or medical personnel are permitted to administer the “TB Symptom Screening Tool” to program employees, volunteers, or service recipients.
- 3.3 A copy of the completed “TB Symptom Screening Tool” with the results of the screening must be maintained in the file of the employee, volunteer, or service recipient, as applicable.
- 3.4 Testing for TBI may be conducted using either the standard Mantoux method of the TST or by an interferon-gamma release blood assay (IGRA) according to guidelines established by the federal Centers for Disease Control and Prevention (CDC).

Specific Procedures: Employees and Volunteers

- 3.5 All new employees and volunteers must be screened with the “TB Symptom Screening Tool” prior to beginning employment or providing volunteer services, and all new employees and volunteers who provide direct care services appropriately tested for TBI within three (3) business days of beginning employment or providing volunteer services.
 - a. A new employee or volunteer with symptoms of active TB as documented on the “TB Symptom Screening Tool” should be referred immediately to a licensed medical provider for evaluation, and shall not report to work until written clearance is provided by the licensed medical provider.
 - b. A new employee or volunteer who provides direct care services without symptoms of active TB and without documentation of a previously positive test should be tested within three (3) business days for latent TB infection (TBI) utilizing the two-step Mantoux method.
 - 1) An employee or volunteer who provides direct care services with a positive initial TST (consistent with CDC guidelines) should be referred either to his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.
 - 2) An employee or volunteer who provides direct care services with a negative initial TST should be re-tested within seven to fourteen (7-14) days of the initial test, unless the new employee or volunteer provides documentation of a negative TST within the past twelve (12) months.

- 3) An employee or volunteer who provides direct care services with a negative second TST should receive education about signs and symptoms of active TB.
 - 4) An employee or volunteer who provides direct care services with a positive second TST should be referred to either his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.
 - c. A new employee or volunteer who provides direct care services without symptoms of active TB and presenting documentation of a previously positive TST result in millimeters (mm) should not be tested with either the TST, but rather referred within five (5) business days of beginning employment or volunteer services to his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.
 - d. All new employees and volunteers who provide direct care services should receive education about signs and symptoms of active TB disease within three (3) business days of beginning employment.
- 3.6 All employees or volunteers providing direct care services must be screened annually for symptoms of active TB disease and appropriately tested with follow-up as described under item 3.5 above, except that TB skin testing of previously TST-negative employees and volunteers should be performed by the one-step Mantoux method.
- 3.7 Documentation of all TB symptom screening and TB skin testing for TBI must be treated as personal medical information and archived according to HIPAA guidelines.

Specific Procedures: Service Recipients

- 3.8 All recipients of residential alcohol and drug treatment services must be screened with the “TB Symptom Screening Tool” prior to enrollment in an alcohol and drug treatment program. Recipients must be appropriately tested for TBI within five (5) business days of receiving alcohol and drug treatment services.
- a. A prospective recipient of residential alcohol and drug treatment services with symptoms of active TB as documented on the “TB Symptom Screening Tool” should be referred immediately to a licensed medical provider for evaluation, and shall not be admitted into an alcohol and drug treatment program until written clearance is provided by the medical provider.
 - b. A prospective service recipient of residential alcohol and drug treatment services without symptoms of active TB and without documentation in millimeters (mm)

of a previously positive TST, or without documentation of a negative TST within the past twelve (12) months, must be tested within five (5) business days for latent TB infection (TBI).

A service recipient with a positive test (consistent with CDC criteria) should be referred within five (5) business days to a licensed medical provider or the local health department for further evaluation of TBI, including a chest radiograph.

- c. A service recipient without symptoms of active TB and presenting documentation of a previously positive test should not be tested with either the TST or an IGRA, but referred within five (5) business days to a licensed medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.
- d. All new service recipients of residential alcohol and drug treatment services must receive education about signs and symptoms of active TB disease within three (3) business days of beginning alcohol and drug treatment services, regardless of receipt of such services within the past year.

3.9 Documentation of all TB symptom screening and TB testing for TBI of service recipients must be treated as personal medical information and archived according to HIPAA guidelines.

4. **Statutory Authority:**

- 4.1 States shall require any entity receiving amounts from the Grant, for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the Medical Director of the Tuberculosis Elimination Program, Tennessee Department of Health, pursuant to 45 C.F.R. 96.127(b).
- 4.2 The results of the TB screening and testing conducted in accordance with the State's Licensure Rules 0940-5-41 through 0940-5-47.
- 4.3 Tuberculosis Control Guidelines were developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the Medical Director of the Tuberculosis Elimination Program, Tennessee Department of Health.